

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005381

1. Entity Name

AQUAMARINE CONDOMINIUM ASSOCIATION, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90088 037 ****61.25

Principal Place of Business

Mailing Address

~~1100 5TH AVE S~~
~~STE 201~~
~~NAPLES FL 34102~~
~~US~~

~~1100 5TH AVE S~~
~~STE 201~~
~~NAPLES FL 34102-6407~~
~~US~~

2. Principal Place of Business

3. Mailing Address

37 MENTOR DR.

37 MENTOR DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number
59-3469425

Applied For
 Not Applicable

Zip
34110

Country
US

Zip
34110

Country
US

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAUS, CHERYL R
1072 GOODLETTE RD N
NAPLES FL 34102

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **NAGAR, JACOB**
 STREET ADDRESS **8001 RADIO ROAD**
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **TRACEY, JENNIFER**
 STREET ADDRESS **8001 RADIO ROAD**
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** Delete
 NAME **BERNERT, JAN**
 STREET ADDRESS **8001 RADIO ROAD**
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE Change Addition
 NAME **JAN BARTROP**
 STREET ADDRESS **8001 RADIO RD.**
 CITY-ST-ZIP **NAPLES, FL 34104**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

4-30-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)